



PATENT
450108-4457

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tatsuya Kubota, et al.
Serial No. : 09/370,776
Filed : August 9, 1999
For : DATA MULTIPLEXING DEVICE, PROGRAM
DISTRIBUTION SYSTEM, PROGRAM TRANSMISSION
SYSTEM, PAY BROADCAST SYSTEM, PROGRAM
TRANSMISSION METHOD, CONDITIONAL ACCESS
SYSTEM, AND DATA RECEPTION DEVICE
Examiner : Callahan, Paul E.
Art Unit : 2137
Confirmation No : 8487

745 Fifth Avenue
New York, New York 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Amendment, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on March
18, 2005.

Thomas F. Presson, Reg. No. 41,442
(Name of Applicant, Assignee or Registered Representative)

Thomas F. Presson
Signature

March 18, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on January 5, 2005, having a three-month
statutory period for response set to expire on April 5, 2005, please amend the above-identified
application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.



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PROGRAM TRANSMISSION SYSTEM, PAY BROADCAST SYSTEM,
PROGRAM TRANSMISSION METHOD, CONDITIONAL ACCESS SYSTEM,
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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** =20	* x	\$18 (9)	= \$
Independent claims	2	Minus	*** =3	* x	\$84 (42)	= \$
Total additional fee for this amendment						\$

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Thomas F. Presson
Signature

March 18, 2005
Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

Thomas F. Presson
By: Thomas F. Presson
Reg. No. 41,442